

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

1. (a) NAME OF COMMITTEE IN FULL CANTWELL 2000 EXPLORATORY COMMITTEE		<input checked="" type="checkbox"/> (Check if name is changed)	2. DATE 10-7-99	3. SECRETARY OF THE SENATE 99 OCT 12 PM 12:37
(b) Number and Street Address 904 7TH AVENUE S. (SRE MAILING ADDRESS)		4. FEDERAL IDENTIFICATION NUMBER 202-000-0000-7		
(c) City, State and ZIP Code EDMONDS, WA 98020		5. Is This Report An Amendment? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		

6. TYPE OF COMMITTEE (Check one)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate	Candidate Party Affiliation	Office Bought	State/Office
MARIA CANTWELL	DEMOCRAT	U.S. SENATE	WA

- (c) This committee supports/opposes only one candidate _____ (name of candidate) and is NOT an authorized committee.
- (d) This committee is a _____ committee of the _____ Party.
(National, State or Subordinate)
(Democrat, Republican, etc.)
- (e) This committee is a separate segregated fund.
- (f) This committee supports/opposes more than one Federal candidate and is NOT a separate segregated fund or a party committee.

6. Name of Any Connected Organization or Affiliated Committee	7. Mailing Address and ZIP Code	Relationship
N/A		

Type of Connected Organization

Corporation Corporation w/o Capital Stock Labor Organization Membership Organization Trade Association Cooperative

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name	Mailing Address	Title or Position
JAMES W. CALEY	PO BOX 1388, VANCOUVER, WA 98666	CUSTODIAN OF RECORDS

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee, and the name and address of any designated agent (e.g., assistant treasurer).

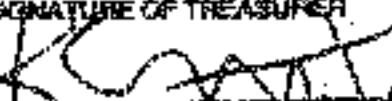
Full Name	Mailing Address	Title or Position
KEITH GRINSTEIN	1191 2nd AVENUE, SUITE 1600 SEATTLE, WA 98101	TREASURER

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.	Mailing Address and ZIP Code
--------------------------------	------------------------------

U.S. BANK

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

TYPE OR PRINT NAME OF TREASURER KEITH GRINSTEIN	SIGNATURE OF TREASURER 	DATE 10/7/99
---	--	------------------------

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437c.
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

--	--	--	--

For further information contact:
Federal Election Commission
Toll-free 500-424-9530
Local 202-219-3420

FEBAN121

FEC FORM 1

(revised 4/97)